Impact of a national campaign on GP education: an evaluation of the Defeat Depression Campaign

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SUMMARY

Background. *The Defeat Depression Campaign, which was run by the Royal College of Psychiatrists and the Royal College of General Practitioners (RCGP) from 1992 to 1996, aimed to educate general practitioners (GPs) to recognize and manage depression.*

Aim. *To measure the educational impact on GPs of the Defeat Depression Campaign.*

Method. *A postal survey using a structured questionnaire was distributed to 2046 GPs obtained by systematically sampling 1 in 14 GPs from alphabetical lists from family health services authorities (FHSAs) in England and Wales. The questionnaire covered awareness of the campaign, awareness and use of campaign materials, and ratings of the usefulness of the campaign in relation to other educational activities.*

Results. *Two-thirds of GPs were aware of the campaign and 40% had definitely or possibly made changes in practice as a result of it. Impact of materials was highest for a consensus statement on the recognition and management of depression in general practice and for guidelines derived from it, each of which had been read in detail by about one quarter of responders and was known of by an additional one third. Impact was low for the other materials. The campaign had the highest impact among younger GPs, members of the RCGP, and (less strongly) among those who had undertaken a six-month post in psychiatry, those who were working in larger practices and fundholding practices, and women; 56% of GPs had attended a teaching session on depression in the past three years.*

Conclusion. *A national campaign of this kind can have a useful impact, but it needs to be supplemented by local and practice-based teaching activities.*

Keywords: depression; GP education; management of disease.

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Introduction

THE Defeat Depression Campaign was launched in January 1992 by the Royal College of Psychiatrists and the RCGP. The origins and objectives of the campaign are described elsewhere.[1] Although most GPs are skilled at recognizing and treating depression, there is still some evidence of non-recognition and sub-optimal treatment.[2] Further evidence suggests varying attitudes and knowledge about depression among GPs.[3,4] One important aim, therefore, was to educate GPs and other professionals about depression and its management.

The Defeat Depression Campaign was influenced partly by the D/ART campaign, a national campaign in the United States. It was also based partly on an educational campaign for GPs on the small Swedish island of Götland during 1983 and 1984. An evaluation of that campaign[5] showed decreases in hospital admission and illness absence for depression, increased prescribing of antidepressants, and decreased prescribing of tranquillizers. A fall in the local suicide rate was also reported, but this was based on very small numbers. No change was apparent in the rest of Sweden. Although the campaign was highly intensive, three years later these changes had reverted to baseline levels.[6]

From inception, it was intended that the campaign and its activities should be evaluated. This paper reports an evaluation of the GP educational activities undertaken jointly by a subgroup of the Campaign Scientific Advisory Committee and the research unit of the Royal College of Psychiatrists..

Educational activities of the Defeat Depression Campaign were organized principally on a national basis, to be supplemented by separate local and regional activities. The campaign activities included a number of scientific conferences and the production and dissemination of a range of educational materials for GPs. These are summarized below:

- The results of two consensus conferences on recognition and management of depression in general practice held in late 1991 were published as a consensus statement in the *British Medical Journal*.[7]
- This consensus statement was also rewritten to form a booklet of guidelines,[8] which was disseminated by the Departments of Health in England, Scotland and Wales to all GPs through the FHSA.
- An aide-memoire card of the campaign guidelines suitable for a consulting room desk was also prepared and distributed from the campaign office at the Royal College of Psychiatrists, and by the RCGP's Mental Health Fellows Network.
- A book entitled *Depression - recognition and management in general practice*[9] was written by the editor of the *British Journal of General Practice*, a GP and member of the Scientific Advisory Committee. It was published and

distributed by the RCGP to its members.

- Two further consensus conferences on depression in late life were held in 1993, and their results published as a consensus statement.[10]
- Two videotape educational packages were prepared and distributed, mainly to GP tutors and course organizers. The first, *Depression from recognition to management*, aimed to improve the interviewing skills of GPs and contained videotapes and overhead projector templates.[11] The second, *Counselling depression in primary care*, was designed for a half- to one-day workshop for members of the primary care team, and contained a videotape, overhead projector templates, background reading material, and a patient booklet.[12]
- The campaign also produced a range of materials for patients, including leaflets on depression, depression in the elderly, depression in the workplace, and postnatal depression; factsheets in several ethnic minority languages; two self-help audio tapes; and books on adult depression,[13] and on depression in children and adolescents.[14]

Method

Questionnaire

A questionnaire was prepared and piloted. Its first section requested details about the responders, their age, sex, membership of the RCGP, and whether they had ever spent six months or more in a hospital post in psychiatry. The next section asked about the practices in which the responders worked: fundholding status, list size, and input from other mental health professionals. The questionnaire then listed the campaign materials and asked responders to rate their awareness of each in turn. To avoid false negative responses, each of the 13 educational materials referred to in the questionnaire was featured on an accompanying card, with high-quality colour pictures of the campaign products.

Responders were asked if they had heard of the Defeat Depression Campaign before receiving the questionnaire, if they had made any changes in the way they managed depression as a result of the campaign, and if they had attended any teaching sessions on the recognition and management of depression in the past three years. Responders were also asked which of five possible sources of information about depression they had found useful.

Sampling

A list of individual GPs was obtained from every FHSA in England and Wales. General practitioners were listed in alphabetical order by doctor rather than by practice, and every 14th GP was selected and entered into a database. This generated a sample of 2046 GPs, each of whom was allocated a unique identifying code.

Questionnaires were sent to this sample in the Spring of 1996 to this sample, with a covering letter from a senior GP member of the evaluation steering group, and a freepost envelope. A second mailing was made to non-responders after seven weeks, and a third to the remaining non-responders after a further 12 weeks, each with an appropriate accompanying letter.

Data analysis

Questionnaire data were analysed using the statistics package SPSS for Windows 6.0. Simple frequencies were obtained for all variables. Cross-tabulation calculations were performed and were tested for significance using chi-squared tests.

Results

A total of 1316 questionnaires were completed and returned, giving an overall response rate of 64.3%. Examination of the personal details of responders to the questionnaire showed them to be representative of GPs in England and Wales. Their mean age was 43.3 years, 66.2% were men, and 44.7% were members of the RCGP; 49.4% worked in fundholding practices, and the mean practice list size was 8299. These proportions are similar to those of the GP population recorded by the Department of Health[15] and the RCGP.[16] Of the sample, 31.4% had spent six months or more in a hospital post in psychiatry.

Impact of educational materials

In all, 62.6% of responders reported being aware of the Defeat Depression Campaign before receiving the questionnaire; 11.1% of responders indicated that they had definitely made changes in their management of depression as a result of the campaign, and a further 29.6% indicated that they had possibly made changes; 56.4% of responders had attended a teaching session on the recognition and management of depression in the past three years.

Frequencies for responders' awareness of each of the individual educational materials for GPs are shown in Figure 1. The *British Medical Journal* consensus statement[1] achieved the highest impact, with 27.8% having read it in detail and a further 31.9% being aware of it. The booklet of guidelines published by the Department of Health achieved comparable impact. Cross-tabulation of responses to these two items revealed that 37.3% of responders had read in detail at least one of these publications; only 25.1% were not aware of either.

The other educational materials achieved only limited impact. The most successful was the RCGP book,[9] which had been read by 12.6% of responders, with a further 30.1% aware of its publication. Most responders were unaware of the aide memoire card and of the consensus statement on depression in late life.

General practitioners were also asked about the usefulness of various sources of information on the diagnosis and management of depression. Findings are shown in Figure 2. Just less than 40% of responders rated the Defeat Depression Campaign as useful, ranking it behind journal articles, postgraduate education, and the pharmaceutical industry. Fewer than one in five responders rated conferences as a useful source of information about the recogni

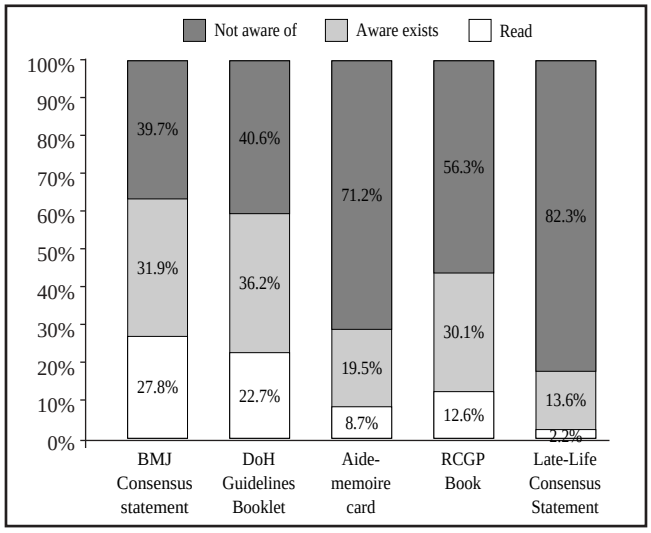

Figure 1. Impact of individual campaign materials. Non-response to these items in returned questionnaires ranged from 0.5% to 1.9%.

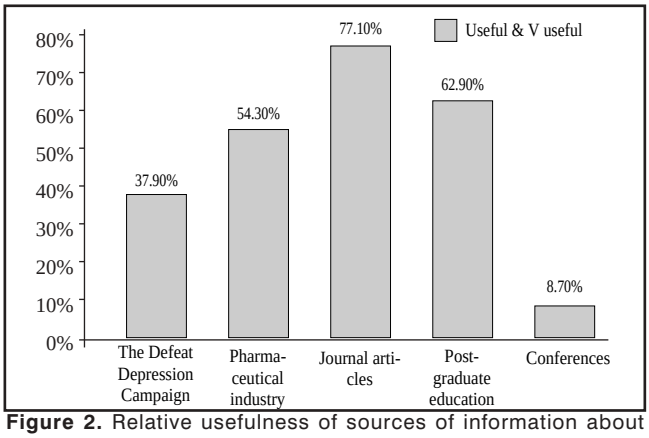

Figure 2. Relative usefulness of sources of information about depression.

tion and management of depression.

A count was made of responders on whom the campaign appeared to have had no impact: those who had not heard of the campaign, were not aware of any of the educational activities, and had not changed their clinical practice as a result of these. Only 8.7% of responders fell into this category, the remaining 91.3% recording at least some awareness.

Variations in impact

A new variable, 'total impact', was calculated as the sum of the total scores for each responder for the questionnaire variables regarding impacts of the individual campaign materials. Cross tabulations of this total impact variable were performed against age, sex, fundholding status, membership of the RCGP, practice list size, and whether responders had spent six months or more in a hospital post in psychiatry. Findings are shown in Table 1.

Strong associations with high impact emerged in younger GPs and holders of the MRCGP qualification. Similar, but weaker, relationships were observed in women, GPs who had undertaken a six-month hospital post in psychiatry, members of larger practices, and members of fundholding practices. Cross tabulations with selected individual questionnaire items showed similar patterns.

Discussion

The evaluation of a national campaign such as Defeat Depression is difficult since there is no control group with which to make comparisons. The D/ART campaign has not been evaluated except for a local GP education offshoot.[17] No comparable evaluations of other national campaigns have been made. Interpretation of the present evaluation must be made with caution. Any changes cannot be attributed solely to the campaign, since there were many other simultaneous developments, such as the introduction of GP fundholding, the marketing of several new antidepressants with parallel educational activities from the pharmaceutical industry, and the highlighting of suicide by the Department of Health as a target in the *Health of the Nation* strategy.[18]

This report is one of several evaluations of different aspects of the Defeat Depression Campaign being undertaken; these aspects include changes in public attitudes, recognized morbidity rates, and prescribing. The direct impact of the campaign's educational materials is unlikely to be confounded by other national changes.

Two limited evaluations by other groups in earlier phases of the Defeat Depression Campaign have been published. A survey of 667 GPs from five catchment areas[19] indicated that 41.3% had heard of the campaign before the end of its first year. GPs who were aware of the campaign expressed greater confidence in their ability to treat depression. These GPs were also more likely to continue antidepressant treatment for more than three months, and were more familiar with psychological treatments for depression. In contrast, a questionnaire survey of GPs in Sheffield, carried out in March 1994 at the mid-point of the campaign,[20] found that 75% regarded the campaign as having little impact on their clinical practice.

The response rate of 64.3% to the questionnaire was relatively high for a postal survey of GPs. It is possible that these GPs are a representative sample in terms of their fundholding status, membership of the RCGP, sex and age distribution, for example. Bias towards smaller practices is unlikely since the sample for the survey was selected by individual GP rather than by practice. It is more difficult to ascertain whether the sample is representative in terms of the key dependent variables analysed. For example, if sampled, it is likely that the non-responders to the questionnaire would demonstrate a lower impact for the campaign materials than the responders reported here, 31.4% of whom had spent six

Table 1. Cross-tabulation of total impact against independent variables.[a]

Independent variable	Value	n (by row)	Impact			Significance
			None (%)	Moderate (%)	High (%)	
Age band	20 to 35 years	258	14.0	43.0	43.0	
	36 to 50 years	682	21.1	42.2	36.7	P<0.001
	≥51 years	240	30.0	38.3	31.7	
Sex	Men	804	23.9	40.2	35.9	P<0.01
	Women	402	16.2	44.7	39.1	
Membership of RCGP	Non-member	658	28.3	44.7	27.0	P<0.001
	Member	544	12.9	38.0	49.1	
Six months or more spent in hospital post in psychiatry	No	823	23.6	41.1	35.0	P<0.02
	Yes	381	16.5	42.3	41.2	
Practice list size	<3000	121	30.6	31.4	38.0	
	3000 to 12000	888	20.6	43.6	35.8	P<0.05
	>12000	196	18.9	39.3	41.8	
Fundholding status of practice	Non-fundholding	602	23.9	42.0	34.1	P<0.02
	Fundholding	604	18.7	41.4	39.9	

[a]Percentages are by row.

months or more in a hospital post in psychiatry. National data of GP experience in psychiatry is not available for comparison.

The impact of the Defeat Depression Campaign found in this study was moderate. The key materials, the *British Medical Journal* consensus statement on recognition and management in general practice, and the subsequent reinforcing guideline booklet were known to about 60% of GPs. Each had been read in detail by about 25%, and one or the other by more than a third. Impact was highest for these two materials, which were particularly pertinent to GPs and were the best circulated.

The characteristics of the GPs for whom the campaign had achieved the greatest impact are instructive. It would appear that GPs working in small, non-fundholding practices are more difficult to reach through the dissemination routes used by the Defeat Depression Campaign. Although it is possible that GPs based in well-informed group practices might benefit from the information obtained by partners, this effect cannot be tested with the existing data. A reason for the higher impact of the campaign materials among younger GPs may be that these responders are more likely to have attended training courses and other activities at which the materials were disseminated.

The results indicate the range of educational materials and activities rated as useful by GPs. From the outset, it was recognized that the central campaign activities could make only a limited contribution, and that they should be supplemented by local and regional teaching sessions. It was hoped that the general influence of campaign activities might have a knock-on effect in generating these. There did appear to be an increase in the number of articles on depression in general practice journals, a growth in educational packages by other individuals and groups,[21,22] and a considerable expansion in postgraduate teaching sessions. The finding that more than half of GPs had attended such a teaching session in the past three years is indicative of this influence. These activities were also rated highly by the questionnaire responders. The results suggest that a combination of dissemination routes may prove to be a highly effective way of achieving maximum impact in a campaign such as this.

The campaign was conceived as a time-limited five-year activity that should wind down and close at the end of this time, before impetus was lost. Opportunities would then arise for more local educational activities related to depression and other aspects of mental health. Data from this survey confirm the limitations of a central campaign of this type, but they also indicate some clear achievements of the Defeat Depression Campaign.

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